



Report Identification Number: NY-15-096

Prepared by: New York City Regional Office

Issue Date: 6/1/2016

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Richmond
Gender: Female

Date of Death: 12/02/2015
Initial Date OCFS Notified: 12/02/2015

Presenting Information

The SCR report alleged that this otherwise healthy one-month-old female child who resided with her mother and 3-year-old brother died on 12/2/15. The report alleged that the child was placed in her crib at midnight on 12/1/15 and sometime between 3:00 AM and 4:00 AM when the mother awoke to check the child, the child was blue and unresponsive in her crib. The report stated that the mother called 911 for assistance and the child was transported to the hospital where she was pronounced dead on arrival.

Executive Summary

This one-month-old child died on 12/2/15. The ME has issued the final cause and manner of death as undetermined.

The case record revealed that on 12/02/15 at approximately 4:00 A.M., a call was made to 911 to which the police and EMS personnel responded. The child was transported to Richmond University Medical Center where she was pronounced dead on arrival.

The ACS specialist initiated an investigation the same day the report was made to the SCR. The Specialist made contacts with NYPD detectives who were investigating any possible criminal elements relating to the death of the SC, family members and service providers.

In the interview with the BM on 12/3/15, the mother informed the Specialist that on the evening of 12/1/15 she had friends visiting the home and they were all drinking. The mother said she did not provide care for the children because she was "drunk." She said a friend who had also been drinking, cared for the children. The BM also stated that periodically she had been smoking marijuana since the birth of the SC a month before. The BM also admitted that she had previously completed a substance abuse program as a condition of release from her incarceration; however, she relapsed shortly after giving birth to the SC.

The mother said she had received safe sleep education at the hospital and informed the Specialist that she had attempted to use the crib twice since the SC was born. The mother said the child preferred to sleep in the "bassinet" which LE said was an infant chair that was covered with three blankets. It was in this "bassinet" that the SC was found unresponsive. The home was also found to be cluttered and untidy.

The Specialist interviewed the friend who had cared for the children when the mother became intoxicated. The friend reported the mother was drunk from as early as 8:00 PM the evening. The statement provided by family members and friends regarding the death of the child was consistent. The family was cooperative and provided information to the Specialist and law enforcement as requested. CPS spoke with BM regarding safe sleeping and she admitted to having received information on safe sleep. BM has another child (male, 9 years old) for whom the maternal great aunt (MGA) has legal guardianship. This child did not reside in the home with the mother and 3-year-old sibling.

The service provider reported the difficulties with the mother during her enrollment in the "substance abuse program." The provider indicated the mother was often non-compliant and not engaged. The provider indicated the



mother would cancel appointments and on unannounced visits to the home there were various people entering the apartment. The provider indicated the landlord complained about "trafficking" from the BM's home. The provider also informed the Specialist that the family had rent arrears and the mother was sanctioned from receiving Temporary Assistance to Needy Families (TANF) benefits due to her failure to comply with the regulations pertaining to the TANF program. These "red flags" did not prompt the service provider to make any reports to law enforcement or other agencies regarding the information.

On 12/2/15 the surviving sibling (SS) in the home was protectively removed and on 12/3/15 a Child Safety Conference was held. As a result, an Article Ten Petition of Neglect was filed in the Richmond County Family Court. The SS was placed in non-kinship foster care under the auspice of Seaman's Society. The SS remains in foster care (FC) and has a full stay away order of protection against the BM. Supervised visits are allowed to support the permanency goal of return to parent. Services have been offered to the BM to facilitate the goal of the SS's return to her care.

ACS substantiated the allegations of the report based on the statements provided by the mother, other collaterals and medical findings.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

see narrative

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

While the investigation stage has been closed, the case remains open for services as the 3-year-old SS is in foster care.

Required Actions Related to the Fatality



Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/02/2015

Time of Death: 04:00 AM

County where fatality incident occurred:

RICHMOND

Was 911 or local emergency number called?

Yes

Time of Call:

04:00 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Checked: Sleeping, Working, Driving / Vehicle occupant, Playing, Eating, Unknown, Other

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 5 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was:

- Checked: Alcohol Impaired, Absent, Asleep, Distracted, Impaired by illness, Impaired by disability, Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Table with 5 columns: Household, Relationship, Role, Gender, Age. Rows include Deceased Child's Household, Mother, Sibling, and Other Household 1.

LDSS Response

Following the receipt of the the 12/2/15 report, ACS initiated the investigation the same day and contacted by telephone the assigned detective, family members, friends of the family, and a Housing Specialist who was working with BM.

On 12/2/15, the Specialist made contact with the mother who reported she was the sole caretaker for the children. However, at the time of the incident, a friend had been in the home and had called 911 when the SC was discovered unresponsive. The BM said that at 3:30 AM when she awoke to use the bathroom she checked the SC and noticed the SC's right arm was extended; her fingers were fisted, and the SC was cold and unresponsive. The BM said she screamed for assistance and a friend who was spending the night called 911 at 4:26 AM. EMS responded and transported both her and the SC in separate ambulances to the hospital. The SS remained in the home with the friend. The case documentation did not reflect that the Specialist explored the delay in calling EMS to the home. EMS would not provide any information regarding the home without a HIPAA release.

On the same day, the Specialist visited the home and documented that the home was in need of cleaning; it was infested with roaches and flies and there was not enough food for the infant and toddler in the home. The Specialist documented that the refrigerator had dead roaches and flies, there were cigarette butts, dirty diapers old bottles and garbage strewn through the home and the bed on which the SS slept had dirty and stained linen.

As a result of the conditions of the home and the mother's statements regarding alcohol use, the SS was physically removed from the home on 12/2/15. The next day ACS held a Child Safety Conference (CSC) and filed a petition in court on the basis of the BM's drug and alcohol use, and the unsafe and unsanitary conditions of the home. The SS was remanded and placed in non-kinship care. The BM was referred for treatment services. She was also offered bereavement counseling and financial assistance for the funeral arrangements.

On 12/3/15, ACS contacted the ME and learned that preliminary findings indicated a well-nourished SC and there were no outward signs of neglect or abuse; however, toxicology tests were pending.

Between 12/3/15 and 1/8/16, ACS continued the investigation of the report and contacted friends who had been in the BM's home on 12/2/15. The friends indicated the mother was drunk and that the SC was swaddled in a blanket and appeared to have been sleeping on her side on the infant chair; however, none of the friends could definitively state that the SC was sleeping as they did not check the child.

On 1/8/16, ACS learned that the BM was being evicted because on rent arrears. The provider agency indicated they had gone to the home and had secured the family's belongings; however as of 1/21/16 the BM had not contacted the agency to make any arrangements to collect the secured items.

Between 1/22/16 and 4/16/16, ACS and the FC agency continued to make visits to the home where the SS was placed and with the BM's service providers. There were no concerns regarding the SS in care. ACS learned that the BM toxicology tests were positive for marijuana.

On 4/15/16, the ME informed ACS that the one-month-old child's liver toxicology returned a positive toxicology for alcohol, more specifically ".45 gram percent" which was considered high. Additionally, the child's stomach contents were positive for alcohol. The ME explained that the alcohol must have entered the SC's body in the hours preceding her death. Later the ME certified the cause and manner of death as undetermined explained that medical professionals believed that the presence of the alcohol was likely an "error" and could not rule out the impact of post mortem bacterial action that could have occurred.



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ACS substantiated the allegations of the report as there was credible evidence to support the allegations.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028341 - Deceased Child, , 1 Mons	028343 - Mother, Female, 26 Year(s)	DOA / Fatality	Substantiated
028341 - Deceased Child, , 1 Mons	028343 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
028341 - Deceased Child, , 1 Mons	028343 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
028521 - Sibling, Male, 3 Year(s)	028343 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
028521 - Sibling, Male, 3 Year(s)	028343 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

N/A

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: Surviving sibling who resided with the BM was removed from the BM's care and placed in foster care.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
12/03/2015	There was not a fact finding	There was not a disposition
Respondent:	028343 Mother Female 26 Year(s)	
Comments:	See narrative	

Have any Orders of Protection been issued? Yes

From: 12/03/2015

To: Unknown

Explain:



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A full stay away order was issued and BM is only allowed supervised visits with the child who was protectively removed from her care.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:
The surviving sibling who resided with the BM was protectively removed from the care of BM and placed into foster care.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
BM was referred for treatment. Financial assistance was also provided and the family was referred for bereavement



counseling.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? Yes
Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
Misused over-the-counter or prescription drugs
Experienced domestic violence
Was not noted in the case record to have any of the issues listed
Had heavy alcohol use
Smoked tobacco
Used illicit drugs

Infant was born:

- Drug exposed
With neither of the issues listed noted in case record
With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Table with 6 columns: Date of SCR Report, Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Status/Outcome, Compliance Issue(s). Contains two rows of incident data.

Report Summary:

On 01/30/15, a report was registered at the SCR alleging that BM becomes frustrated with the one year old child and uses excessive physical force on him. The mother forcefully grabs on and strikes the child on his face and leaves marks that resembles the shape of a hand. The report also alleged that the mother throws the child onto the couch and bed leading to the child having bruises and leaves the child in the care of inappropriate caretakers. CPS made announced and unannounced visits to the home and observed BM meeting the basic needs of the child. The allegations of IG and XCP were unsubstantiated as there was no credible evidence to substantiate the allegations of the report.

Determination: Unfounded Date of Determination: 03/26/2016



Basis for Determination:

CPS made announced and unannounced visits to the home and observed BM meeting the basic needs of care for the child. The allegations of IG and XCP were unsubstantiated as there was no credible evidence to substantiate the allegations of the report.

OCFS Review Results:

The report was conducted within the parameters of SSL.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

Between 5/20/04 and 7/7/06, the BM was listed as a maltreated child in 3 closed reports. According to the case records, the patterns of the allegations included LBW, XCP, and IG of the BM by the maternal grandparents (MGPs). The allegations were unsubstantiated against the MGF; however ACS substantiated IG against the MGM and unsubstantiated the allegations of LBW and XCP.

On 9/13/10, the SCR registered a report alleging IG, PDAM and LBW by the BM. The report alleged the BM was using alcohol to the point of impairment, using marijuana, and becoming physically violent towards the now 3-year-old child. The report further alleged the mother punched the child resulting in bruising. ACS investigated and substantiated the allegations of IG and PDAM . The allegation of LBW was unsubstantiated as there was no credible evidence to support the reported allegation.

Known CPS History Outside of NYS

There is no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No



Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

N/A

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No